6. D		NO	OCCUPATION	8	12.	ER	FATH	ER	MOTHER FATHER	17.	18.	19.
ate.	CAUSE OF DEATH in plain terms, so that it may be properly c	of c	may	lat it	so the	rms, nstri	in te	n pla nt.	porta	ry im	SE OF	TION
PERE	N. B.—WRITE PLAINLY, WITH ANFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated EN	HIS	K_T]	IN IN	DINC.	FA	dns H	WIT	LX	LAIN uld b	TE P	-WRI
BII	MARGIN RESERVED FOR BII	D.	7 7 7	EEZ	Z)	(V. D. No. 1

	County	eul Co.	. Md :		No. Registration Dis	Ct W	
		ence in city or town where	death occurrad		death occurred in a normal or institution, give its IVAME, inds. How long in U.S. if of foreign birth?		
	2. FULL NAN (a) Residence	e: No	(Usual place	of abode)	St., Ward. If nonresident giv.	e city or town and State	
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE C	F DEATH	
2	SEX Gernal	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH April (Month)	27 , 193.4f (Year (Year	
58	I. If married, widowe HUSBAND of (or) WIFE of	d, or divorced	~		22, I HEREBY CERTIFY,	That I ettended deceesed Shul 27 103	
-	DATE OF BIRTH (r	month, day, and year) Months	ept 7	1844 If LESS than	I last saw if the alive on Africe 2 to heve occurred on the date stated above, at 19-29	4. 19.3.4.; daath is	
-	8. Trada, profess	gion, or particular	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of were as follows:	f importance Date of or	
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL,				Carcinoma of the	cetum	
DOCC	tina occupi	, BANK, etc	11, Total t	ime (years) nt in this	/		
12	12. BIRTHPLACE (city or town) Colora (State or country)				Other Contributory Causes of importance:		
ER	1 0	oyd Ba	lderst				
FATH	13. NAME loy d Balderston 14. BIRTHPLACE (city or town) Buels Co (State or country)				Name of operation. What test confirmed diagnosis?	Date of	
TER	15. MAIDEN NAM	E Cather	ne Car	sley	23-If deeth was due to external causes (VIOL ENCE) fiil in		
MOTE	15. MAIDEN NAME Catherine Carry 16. BIRTHPLACE (city or town) Philadelphi (State or country) Pd., 17. INFORMANT Bestha Baldustine (Address) 18. BURIAL, CREMATION, OR REMOVAL Piace Outure Md. Date May 1, 1934				Accident, suicide, or homicide? Date of injury, 19		
					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18					Manner of injury		
19	O. UNDERTAKER (Address)	30 Pager	ur's	n Md.	24. Was disease or injury in any way related to occupation If so, specify (Signed) Margant Imme 1	of deceased? m	
20). FILED	monthey.	alow	Registrar.	(Address) 1420 medial and	Bldg Thila.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.-

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

1. PLACE OF DEATH	(3) (1)
County Cecil	Registration Dist. No.
Village or City Charlestown	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Richard Kirty Barn	ee
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OF 193 4 (Year)
a. If married, widowed, or divorced HUSBANO of Kachel Kerby,	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, dey, end year) Dec 3 1865	i last saw h. Accar alive on
AGE Years Months Oeys If LESS than 1 day,hrs	to have occurred on the date stated above, at
P. Trade profession or portionles	Unite of fonset
kind of work done, as SPINNER, Merchaut SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et half in 11. Total time (years) this occupation (month and	Trule your y feel I was
year) occupation	Other Coatributory Causes of importance:
2. BIRTHPLACE (city or town) hastestown (State or country) manyland	Chronic hefterete
13. NAME Longe Washington Barrier 14. BIRTHPLACE (city or town) I tank de Trace	
14. BIRTHPLACE (city or town) Auris de March (State or country) Many land	Name of operation Oete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Rachel Kisby	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Cachel Kisby 16. BIRTHPLACE (city or town) no information (State or country) many land	Accident, suicide, or homicide?
7. INFORMANT Richard K Barres for (Address) Charlestown not	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Charlestown Ind Date The 6 , 1934	Manner of Injury Nature of injury
9. UNOERTAKER It withing and (Address) Election mi	24. Was disease or injury in eny way related to occupation of deceased?
10. FILEO 4-6-34 19 Leo les, Queces	(Signed) - Ca. Curlyuell M. O

Registrar.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- Artistan	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AY	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones MAY 3	May 1,1923	Gastroenteritis	1 year
PEAN V. S.			

(Approved by U. S. Census: nd American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not raid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons en-Physici:n, Compositor, Architect, Locomotive engineer, Foreman, first line will be sufficient, e g., Farmer or Planter, or At Home, and children, not gainfully emfor many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The (b) Grocery; material

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E.amples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrose inal meningitis"); Dinhtheria (avoid use of "Croup"); Inhaid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. atic), "Atrophy." "Collapse," "Comz," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Ilaemorrhage," st_ted unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsia, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock;" "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar j or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death taken. Whooping American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory not be

CEIVED permanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions Exact statement of OCCUPA.

÷ 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03715
UP	1. PLACE OF DEATH	820
0000	County Ceccl	Registration Dist. No.
1 1	Village or City North East	No. St., Ward
t of		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
statement	2. FULL NAME MATTHE Q. Boyd	
ater	(a) Residence: No. North East	St., Ward.
1	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Leman White Widowed	21. DATE OF DEATH (Month) 16 1934 (Year)
properly classified certificate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. Boyd	22. APREBY CERTIFY. That I altended deceased from 13,1934 apr 16,1934
y cl	6. DATE OF BIRTH (month, day, and year) apr 23 - 1863	I last saw here aliva on apr 15, 1934 death is sald
properly certificate.	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance
erti	// 1// 2 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the principal causes of importance were as follows:
be r	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	anderson +-4.34
may back	SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as STINNER, SAWYER, BOOKKEEPER, etc 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and spent in this	agas por 19
it m n ba	SAW MILL, BANK, etc	•
at i	this occupation (month and year) occupation	
erms, so that it instructions on	N mort Earle	Other Contributory Causes of importance:
s, so	(State or country)	
terms, instr	13. NAME I saul Dean	
40	14. BIRTHPLACE (city or town) 10. The Egal	Name of operation Date of
	(State of County)	What test confirmed diagnosis? Was there an autopsy?
in p	15. MAIDEN NAME Minewa Scotlin	23. If death was due to external causes (VIOLENCE) fill In also the following:
	16. BIRTHPLACE (city or town). A with East (State or country)	Accident, suicide, or homicide?
DEATH y import	m 1 0.1	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
DI	17. INFORMANT / 1/22 Skurce Bileo	Specify whether injury occurred in Industry, in nome, of introduct react.
-	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
AUSE ION is	Place north Car ME (whate lypning, 19.3.4	Nature of injury
No	19. UNDERTAKER JOSEPH OF Frank	24. Was disease or injury In any way related to occupation of deceased?
	(Address) orth East md	If so, specify
	20. FILED #- 18-34, 19 Leo US Queeus	(Signed) M.D.
	Registrar.	(Address) All Cash, Mai

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	xample I		Example II	
The principal cause of des of importance were as foll	ith and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 1934 2 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	121 F AU V.	July 5,1927	Peritonitis	3 days ago
	-			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	infor-	state	UPA-	
,	Jo 1	plno	OCCI	1
	item	sho	Jo	1
	Every	ICIANS	atement	1
)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSH OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
5	ENT	TLY.	ied. I	
RGIN RESERVED FOR BINDING	RMAN	XAC	classifi	
8	PE	E	rly	cate.
FOR	IS A	state	prope	ertif
Q	HIS	be	þe	o jo
RVI	L	plno	may	ack
SE	INK	Sh	t it	on }
RH	SNG	AGE	tha	ions
Z	ADI	d.	8, 50	ruct
E E	UNE	applie	term	inst
2	LH	ly sı	lain	Sec
	WI	eful	in p	ant.
	INLY,	be car	PATH	TION is very important. See instructions on back of certificate.
	LAI	pln	FDI	F
	E I	sho	0	THE A
	VRI	ation	MIS	NO
V. S. No. 1	1	m	Ü	I
on.	H.	(7	-
-	Find	1	- 1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03716
1. PLACE OF DEATH	93:0
County (Spil)	11 1 The Registration Dist. No. 92
Village or City Carbon (Sucon)	Varjulal Cention Misse, Ward
Langth of rasidence in city or town where deeth open redyrs,mos.	death occurred in a horpital or institution, give its NAME instead of atreet and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME James Mareriel	Brown
(a) Residence: No.	St., Ward.
(Usual prace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCID (white the word)	21. DATE OF DEATH APR 28 1934 (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
11/1/22	1914 to APR 28 1934, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then	I last saw h elive on
h C lday,hrs.	to have occurred on the data stated above, etm. The PRINCIPAL CAUSE OF DEATH and raiated causes of importence
8. Trade, profession, or perticular	were as follows: Oate of onest
kind of work done, as SPINNER, Hamm Lahour	Acuto Conser
< 9. Industry or business in which	To latertin
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate dacaased last worked et this occupation (month and year)	
0 -10 hd	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or Equipment)	100
13. NAME ALBERT LACE (city or town Beel Co, MA	tolar ling-andilo
14. BIRTHPLACE (city or town Const. Co. MA	Name of operation Dete of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Welhelmung Agrhyson 16. BIRTHPLACE (city or town) Carlo Complex (State or county)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT THUNG ONE ON THE CONTROL ON THE CONTR	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, ESCHATION, OR REMOVAL Place Salana Asserting Oate May 1 , 1834	Manner of injury
19. UNDERTAKER Shu Alaffage (Address) Cacilla And	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Jul 28, 1984 Sacri Boxer Registrar.	(Signed) Company M. O. (Addrass) Company Comp
If more blanks are needed, addre's State Registrar.	2411 N Charles Street Relaimore Perusiting 7) S No.

APR 28 1934

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
May all V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- Controller	The state of			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH USA	OF MARYLAND—CERTIFICATE OF DEATH 037	18
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03/18
1. PLACE OF DEATH	(3)
County Cecil	Registration Dist. No. 92
Village or City Elkton Unon Hospe	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Charles Lee Car	ter
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single Single	21. DATE OF DEATH of 2 9 (Year)
5a. If married, widowed, or divorced HUSBAND of	(13)
(or) WIFE of	22. apr 9 HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 1858	I last saw h elive on afr 29 192 X; death Is said
7. AGE Years Months Days II LESS than	to heve occurred on the date stated above, et
76 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Chromi Endoeseda:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	100
10. Date deceased last worked et this occupation (month and year)	
Pl. V.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Chronic beter total
	nephrate:
I Se 158 Rich	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there an eu'opsy?
H AP 'C	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
G. Ma. Erraus	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Elkton with	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Carenting Date 1924	Nature of Injury
19. UNDERTAKER (Address) Clatton Bill	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 1 1 1934 Frans Frayer	(Signed) Herbert Sales M. D.
Registrar.	(Address) According

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
105			
- M. M.	11 .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- Example I		Example II		
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	: 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	, MIX	11		
	A construct to the construction of the constru			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Sept	Registration Dist. No. 96
Village or City Gullestown	No. St Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?mosds,
2. FULL NAME Loty (o ofer	
(a) Residence No. Charlestown, Mi	K. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 9B. DIVORCED (*write the word)	21. DATE OF DEATH Apr - 10 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) HIFE of Mabel (6 boful	22. A HEREBY CERTIFY That I atlended deceased from
6. DATE OF BIRTH (month, day, and year April 16, 18 72	i last saw h alive on as 9 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 324m.
6 / // 26, I day,hrs	mero se follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Solf Course SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation with the social in this security in this security in the security in t	Carcinama of 193:
work was done, as SILK MILL Loff Course SAW MILL, BANK, etc.	8+
10. Date deceased last worked at this occupation month and 93 3 spent in this 5 Must very year.	- Nowaci
year) occupation 3 flux	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Karlestown 1-1-1	
(State or country)	A
14. BIRTHPLACE (city or town) Charles Cooper	
(State or country)	Name of operation
	What test confirmed diagnosis?
I SOLITER READS	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homloide?
Mahol O Mashos or	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Malley of Contract of the Contra	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mayarouncew Date Gura /2, 1934	Nature of injury
19. UNDERTAKED OF COMMENTAL CONTROL OF COMMENTS POSTULATION OF COMMENTS OF COM	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED # - 17 134 Danders Registrar.	(Signed)
the state of the s	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TOTAL TOTAL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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more blags are needed Addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH \$\infty 03722
1. PLACE OF DEATH	9/
County Leave	Registration Dist. No.
Village or City of Allerant	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Yarold loyd for	sef
(a) Residence: No. arther out, ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3,SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored OR DIVORCED ("wrig the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. A HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, end yaer)	I last saw h eliva on
7. AGE Years Months Days If LESS than 1 day	to have occurred on the data steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 10 10 ormin.	wera es follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho-Proumona Om173
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	1 3
10. Oata daceasad last worked at this occupation (month and year) ccupation cocupation cocupation	
12. BIRTHPLACE (city or town) Portpletout	Other Contributory Causes of importance:
(State or country)	There meelin a Winto
13. NAME Aclard Horsey 14. BIRTHPLACE (city or town Cockerlly)	Hurst & More 1934
	Name of operation Oete of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME (SU FROMB)	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Oate of injury, 19 Whare did injury occur?
17. INFORMANT Usie Thomas (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL CEW Out Christ 1,153 4	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 4/21, 1934 La F. Haulers) Registrar.	(Signed) (Address) For Labour Mb.
If move blanks are needed address South Davis	W. Challe Complete Day of Complete Comp

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

Sa. If merried, widowed, or divorced HUSBAND of (or) WiFE of Mrs. Frances K. Ford 5. DATE OF BIRTH (month, day, and yeer) Sept. 20, 1886 7. AGE Years Months Days If LESS than Iday, hrs. or min. 47 6 21 or min. France, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business In which work was done, as SIK MILL, SAWYER, BOOKKEPFER, etc. 9. Industry or business In which work was done, as SIK MILL, SAWMILL, BANK, etc. 10. Dete deceased last worked at this occupation, googht and year) 11. Totel time (years) soccupetion 11 yrs occupation 12 BIRTHPLACE (city or town) Wayside, W. Va. 12. BIRTHPLACE (city or town) Wayside, W. Va. (State or country) 13. NAME William A. Ford 14. BIRTHPLACE (city or town) Unknown (State or country) 15. MAIDEN NAME Christie Ella (last name unknown was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? NO Dete of injury 19.	1. PLACE OF	DEATH	1 1/1//12		34)
Length of residence in city or town where deeth occurred yrs mos	CountyC	ecil			Registration Dist. No. 96
2. FULL NAME FORD; Guy C-1 803 796 (a) Residence: No. RONGRYETE, W. Ya. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX				(II	death occurred in a hospital or institution, give its NAMF, instead of street and number)
(a) Residence: No. Ronceverte, We. Ya. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male Accident give city or town and State MEDICAL CERTIFICATE OF DEATH April 11 Apr	2. FULL NAN	ME FORD, Gu	v c-1 80		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX male 4. COLOR OR RACE			te. W. Ya		
male white OR DIVORCED (write the word) Married 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Frances K. Ford 5b. DATE OF BIRTH (month, day, and yeer) 5c. DATE OF BIRTH (month, day, and yeer) 6c. DATE OF BIRTH (month	PERSON	AL AND STATIST	ICAL PARTI	CULARS	green, the state of the state o
HUSSAND of (or) WIFE of Mrs. Frances K. Ford 6. DATE OF BIRTH (month, day, and yeer) Sept. 20, 1886 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 47 6 21 If LESS than 1 day, hrs. or min. WIND Trade, profession, or particular kind of work done, es SPINNER, Laborer on R.R. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Laborer on R.R. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Laborer on R.R. 10. Dete deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Way side, W. Ya. (State or country) 12. BIRTHPLACE (city or town) Way side, W. Ya. (State or country) 13. NAME			OR DIVORCE	(write the word)	21. DATE OF DEATH April 11 193 4.
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 47 6 21 Or min. NOTE Trade, profession, or particular kind of work done, as SPINNER, sawYER, BOOKKEEPER, etc. Laborar on R.R. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. Laborar on R.R. 10. Dete deceased last worked at this occupation, month and year) 12. BIRTHPLACE (city or town) (State or country) Wayside, W. Va. (State or country) 13. NAME William A. Ford 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Laboratory, test there an autopsy? What test confirmed diagnosis? Laboratory, test the following: Myo Carditis, chronic, severe Onter Contributory Causes of importance: Other Contribu	HUSBAND of		K. Ford		22. I HEREBY CERTIFY, That I attended deceased from June 19 ,1933, to April 11 ,154
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Note	6. DATE OF BIRTH (F	month, day, and yeer)	Sept. 20	, 1886	I lest saw h_im alive onApril, 1934_; death is sai
Note of the control o				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
What test confirmed diagnosis? Laboratory test here an autopsy? What test confirmed diagnosis? Laboratory test here an autopsy? What test confirmed diagnosis? Laboratory test here an autopsy? What test confirmed diagnosis? Laboratory test here an autopsy? What test confirmed diagnosis? Laboratory test here an autopsy? What test confirmed diagnosis? Laboratory test here an autopsy? What test confirmed diagnosis? Laboratory test here an autopsy? What test confirmed diagnosis? Laboratory test here an autopsy? Accident, suicide, or homicide? No. Dete of injury	year) 12. BIRTHPLACE (city	done, as SILK MILL, L, BANK, etc	I1. Totel ti sper occu	me (years) it in this petion 11 yrs	Other Contributory Causes of importance:
15. MAIDEN NAME Christic Ella (last name unknown des confirmed diagnosis', Ladora Lory, Lee sa pere an autopsy? Blood Wasserman & Spinal fluid Blood Wasserman & Spinal fluid Christic Ella (last name unknowndeth was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? No Dete of injury 19 (State or country)	13. NAME	(city or town)Unik	nown		
	15. MAIDEN NAM	(city or town) Unk		t name unk	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Hospital Records Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Perry Point, Md. 18. BURMAL, GREMATION, GR REMOVAL Place Ronceverte, W. Va. Octo. April 12 10 34	(Address) 18. BURIAL, GREMATI	Perry Point	, Md.	il 12 ₁₉ 34	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury
19. UNOERTAKER Pennington & Son, No If so, specify And Advanced to occupation of deceased? No	(Address) P			m/	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILEO CAMPOELLY, 1934 Churches W. Plesser Registrar. (Signed) CAMPOELLY, M. D. Mariager. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	20. FILEO CAPAL.	1. X., 193. Y. Chi	urles IV.	Registrar.	(Signed) (Sampbelly, M.D. Manager. M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:	ate of onset	The principal cause of death and related causes	Date of onset
		of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis _ C = 1 V -	1921	Run over by street car	1 week ago
	uly 5,1927	Peritonitis	3 days ago
MVA 4 Fass 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	5	TATE C	F MAR	YLAND-	CERTIFICATE	OF DEATH	13724
1.	PLACE OF DEA	TH	2		JO.		20/
	County	ecif	<u></u>		2:	Registration Dist. No.	12
	Village or City	Elks	17.200		No. 1/5 Cot	St., ution, give its NAME instead of street	ward
	Length of residence in	city or town where	death occurred		ds. How long in U.S. if	1/1 1 0	mosds
2.	FULL NAME	Elle	J G	illis			_, _, _,
	(a) Residence: No.	115 Cal	lins &	100	St.,Ward.		
-	PERSONAL AI	ID STATIST	(Usual place	- A - 5	MEDICAL	If nonresident give city or town	
3. SE		OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	afril 28 Ostfar (Day)	193
5a. If	married, widowed, or div HUSBANO of	orced	0		22 1 11 5 8 5 9	Y CERTIFY. That I atter	(100.7)
	(or) WIFE of				april 19	1924 to Carif 2	8 1934
6. DA	TE OF BIRTH (month, d	ay, and year)	ct 10.	1932	I fast saw hassan alive on	Cipul LF 19	3. 4. death is sai
7. AG	E Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stat		
4		16	10	ormin.	were as follows:	TH and related causes of Importance	Date of onse
S	8. Trade, profession, or kind of work done SAWYER, BOOKKE	, as SPINNER,	hun-	0	Lolar Jugu	mornes	4/22/3
PAT	9. Industry or business work was done, as	in which			a constant	WYMMYS	7-1-9-13
CCUPATION	SAW MILL, BANK	etc	11 Total	time (years)			
οl,	this occupation (m	onth and	- spa	ntin this			
12 0	IDTUDE & CE / situat tour	Ellel		,	Other Contributory Causes of imp	oortance:	
12. 8	(State or country)	Ma	ugland				
	13. NAME Cittle	un G	Ables			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
FATH	4. BIRTHPLACE (city or	town) We	Grunge	on	Name of operation	Date	ot
-	(State or country)	1 Use	6.	4	What test confirmed diagnosis?	pulum Was there	an autopsy?_//4
	5. MAIDEN NAME	pary	noy			ouses (VIOLENCE) fill in also the follo	
DE 1	16. BIRTHPLACE (city or (State or country)	town) T	your.		Where did injury occur?	Date of injury	, 19
17. [1	NFORMANT	there	aft El	elta ud.		(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLIC	Siale) C PLACE.
18. B	URIAL, CREMATION, OF	REMOVAL /U	+ 140	1	Manner of injury		
	Place Mis	Con Conce	A. Date Mac	11-1-1934	Nature of Injury		10
19. U	NDERTAKER (Address)	Phin &	a for		24. Was disease or Injury In any	way related to occupation of deceased	7. 100
	()	1000		-			

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	3 /		
Other contributory causes of importance:		Other contributory causes of importance:	17
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

	V. W. No. 1	7	GIL	N RE	SER	ED	FOR	M GIN RESERVED FOR BINDIN
Z	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANI	VITH	UNFAD	ING I	NK	THIS	V SI	PERMANI
1	mation should be carefully supplied. AGE should be stated EXAC?	ully s	upplied.	AGE	shoul	d be	stated	EXACT
1	CAUSE OF DEATH in plain terms, so that it may be properly classified	plain	terms, s	o that	it ma	y be	proper	ly classifie
-	TION is very important. See instructions on back of certificate.	t. Se	e instruc	tions (on bac	k of	certifica	ate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-00
County leftle and form	Registration Dist. No. 94
Village or City Well Cast 1,4, NV.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	
2. FULL NAME (The 20pts re	esey.
(a) Residence: No Mouth East, Md, Siff, (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR TACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH apr 27, 1934
Ja. If married, widowed, or divorced HUSBAND of	(Year) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Lug, 8, 1932.	t last saw here alive on apr 27, 1934, death is said
7. AGE Years Months Deys If LESS then 1 dayhrs.	to heve occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, LOUIL SAWYER, BOOKKEEPER, etc.	Brancha Premieria 4/24/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Primary bronshorperenomia. No Riso
f 0. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	tory of wester disease preceding the
Mais Norto	Other Coatributory Causes of importance:
(State or country)	
13. NAME Kussell Keesey.	
13. NAME CUASUL Reeself. 14. BIRTHPLACE (city or town) Perryville	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) auden	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, f9 Where did injury occur?
17. INFORMANT Evelyn. E. Kelsoff, R.F. C. (Address) Worth East Wild. R.F. C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place A Markos Com Date Jul 30, 1931	Nature of injury
19. UNDERTAKER Lee A. Callinson (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4-30-34, 19 10 lv. Quelis	(Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN	

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03726
1. PLACE OF DEATH	(46)
County Cecil	Registration Dist. No. 92
Village or City Wear low Itell	No. Ct Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
0 00 101 1-1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Aufabriell	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Wishower	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Way 9 185-8	Glest sew h. h. elive on Charles 19/4; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the dato steted above, at 11. 22 m.
73- 11 16 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trada profession or particular	Date of onset
kind of work done, as SPINNER, Landacape Gardin	" Eleremerna d/ 2360
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Sanclacafue Gardine Ga	Promach agy
11. Total time (years) this occupation (month and year) 12. Total time (years) spant in this occupation occupation	6
12. BIRTHPLACE (city or town) I reland	Other Contributory Causes of importence:
(Stets or country)	Atula Cardana 9 hours
13. NAME James Stelhatrick	Platet
13. NAME James Stilhatricle 14. BIRTHPLACE (city or town). I reland.	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was thara en autopsy?
15. MAIDEN NAME Rachel Handwelf 16. BIRTIIPLACE (city or town) Lo mut Kenny	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide?
16. BIRTIIPLACE (city er town). Do mut Knnv (Stete or country)	Where did injury occur?
17. INFORMANT Mis William Shout	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL DO (11. 0 9 / 11.	Manner of Injury
Place Chester La Date Upril 26, 1934	Nature of Injury
19. UNDERTAKER I laronse Is. Abunally	24. Was disease or injury in eny way releted to occupation of deceased?
(Address) Ellehm	If so, specify
20. FILED Gen 24, 1834 Je Frank, Tray Es.	(Signed) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A COLUMN TO THE PARTY OF THE PA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. certificate. TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03727
1. PLACE OF DEATH	93.0
County Cecil	Registration Dist. No.
Village or City Childs	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Walter Stephen Knig	0
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Pot 9 1884	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at & 4.4.2.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance webs as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Probably acute cardiac dilatation 4/17/34
99-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1/17/34 spant in this year)	
12. BIRTHPLACE (city or town) / Walmer Gregard (State or country) Kent County England	Other Coutributory Causes of importance: crunica my ocardita's royn ag
13. NAME Vanied Bright	
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation
15. MAIDEN NAME mily Junking	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Father W"7. Mc Laughlin (Address) 1770. Childs, mod. f. f.g.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Predict Date Up 21 , 1934	Manner of injury
19. UNDERTAKER albert me Cray 16 48 %. (Address) 2700 Washington St. Wil Dal.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
Mail 14 my Phanes hour	(Signed) J. Roding Trager Coroner Mrs.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ____.

Registrar.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Water Market					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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WITH (refully suppl	in plain tern	tant. See ins
LY, WITH	carefully suppl	TH in plain tern	portant. See ins
INLY, WITH	be carefully suppl	EATH in plain tern	important. See ins
LAINLY, WITH	uld be carefully suppl	DEATH in plain tern	ery important. See ins
FLAINLY, WITH	should be carefully suppl	OF DEATH in plain tern	s very important. See ins
ITE PLAINLY, WITH	on should be carefully suppl	SE OF DEATH in plain tern	V is very important. See ins
WRITE PLAINLY, WITH (ation should be carefully suppl	AUSE OF DEATH in plain tern	ION is very important. See ins
-WRITE PLAINLY, WITH	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IION is very important. See instructions on back of certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully suppl	CAUSE OF DEATH in plain tern	TION is very important. See ins

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03728
Village or City North East	No. Registration Dist. No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrs
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) The 26-3 ×	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than I day, Ohrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	Date of onest
9. Industry or business in which work was done, as SIŁK MIŁL, SAW MIŁL, BANK, atc	
O 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (cily or town) (State or country)	
13. NAME Un 1. della	
13. NAME On M. Letts 14. BIRTHPLACE (city or town) M. (State or country)	Name of oparation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME 19. Device R. Device R. Device (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date 26, 1934	Mannar of injury
19. UNDERTAKER Parento (Addrass)	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED H - 27 - 34, 19 Ges W. Quello Registrar.	(Signed) Sellion 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGALL				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	DDITIONAL	ITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE O	F MARYI AND-	CERTIFICATE OF DEATH	200
1. PLACE OF DEATH	I WARTEAND	00	143
County Ce cil		Registration Dist. No. 93	
Village or City Would		NoSt	Ward
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead of street and r	
2. FULL NAME /ann	es Macker	nzie	
(a) Residence No.		St., Ward.	11.72
(1)	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	-
nale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of	Mac Kunil		
(or) WIFE of		Mar 30 192 X to april 2	deceased from
6. DATE OF BIRTH (month, dey, and year)	Lay 9 1866	I last saw how alive on april 1 24 , 1954	; death is said
7. AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, at 9 30 m.	
6/ 10	22 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	orenen	augua Pectonis	3-31-34
9-Industry or business in which work wes done, as SILK MILL, Possible SAW MILL, BANK, etc.	per mill		
10. Date deceased last worked at this occupation (month and year)	4. I1. Total time (yeers) 33 spent in this 33 occupation		
12. BIRTHPLACE (city or town) Phil	adelphia	Other Coutributory Causes of importance:	
(State or country) Pa	- 11	Coronory ressel sclergis	
13. NAME James 1116	ic range	1	
14. BIRTHOLACE (city or town)	yourlation	Name of operation Date of	
(State or country) 3 Cot	21:00	What test confirmed diagnosis? Was there an a	u'opsy?
15. MAIDEN NAME Chyabeth	1400	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or fown) (State or country)	e land	Accident, suicide, or homicide? Date of Injury	, 19
17 INFORMANT Mrs Sequesta	Mac Kenzie	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLE	e) ACE.
(Address) Provide	uce mol		
18. BURIAL, CREMOTION, DR REMOVALE Place Liery Hill	Date 4 , 1934	Manner of Injury	
19. UNDERTAKER H . W. FO.	nin	24. Wes disease or injury in any way related to occupation of deceased?	220
(Address) Eleton in		If so, specify	
20, FILED = 1 19 9 4 0	5. Brank	(Signed) pallace in Johnson	M. D.
	Registrar,	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03730
1. PLACE OF DEATH	(£2-0)
County Cecil	Registration Dist. No.
Village or City Mr. North East	No. St., Ward
3/1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Johns & M.S. Do	
O Ma de Te	f or many
(a) Residence: No. Year Mortu (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whole OR DIVORCED (write the word)	21. DATE OF DEATH Afril 19 (1934 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
mma f. M. Hoovell	april 12 1934 10 april 19 1984
6. DATE OF BIRTH (month, day, and year) Many 18, 1849	I last saw have alive on Cyfril 1934; death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at
84 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of opens
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEFER, etc	Cerebral hemonlage 4-15-3
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Own farm 3. Will, BANK, etc. 10. Date deceased last worked et 11. Total time (years)	
SAW MILL, BANK, etc.	
this occupation (month and 4 - 34 spent in this	
la t	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) State or country)	
13. NAME	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? None Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT James M. Dowell (Address)	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa North Ecop 11 5 Date 142 2 , 1934	Nature of injury
19. UNOERTAKER Outly Track (Address) with East Ind	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED H- 19-34, 19 Leo let. Quess. Registrar.	(Signed) It Mourison M. D. (Address) Elpton Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		G3V13538	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	RESERVED BEING	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1	5	
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h		
20	~	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Cecil	Registration Dist. No. 9 9 9 3
Village or City Elk Mells,	No. St Ward
(If	death occurred in a norpital or institution, give its INAIVIE, instead of street and number)
10 00.1.10	ds. How long In U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Samuel Miller	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO.	21. DATE OF DEATH
Male Whili OR DIVORCEO (write the word)	april 76 ,193 4
5a. If married, widowed, or divorced M	(Month) (Day) (Yaar)
HUSBAND OF OF ON A CASSAGE	22. HEREBY CERTIFY. That I attended decaased from
1 18 185	Oct 3 1933 10 april 26 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw him aliva on April, 20, 1934; death is said
2 7 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	Chronic with titial
9. Industry or business in which work was done, as SILK MILL,	replication 1930
work was done, as SILK MILL, 40 cycaes	chronic suspenditio 1930
10. Oate deceased last worked at this occupation (month and 1933 spent in this occupation (month and 1933)	
() . Q	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Youland (State or country)	wretheral stricture following
1 10 0 111	prostates tony (1933
I TO THE TOTAL OF	Name of operation prostalactory Data of 1977
14. BIRTHPLACE (city or town) JALLANDL (Stata or country)	Name of operation Data of 19.7.7. What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Martha Miller	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jseland	Accident, suicide, or homicide?Oate of injury19
State or country)	Where did Injury occur?
17. INFORMANT Mrs alice Carr.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) & lsa Willa	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cherry fill Commence Upril 28, 1934	Nature of Injury
19. UNDERTAKER Telarence V. Abomatta	24. Was disease or injury jn any way related to occupation of deceasad?
(Address) Ellelon	If so, specify
20. FILED May 4, 1934 & Fraul frayer	(Signed) falleren Jo lucare M. D.
Registrar. If more blanks are needed, address State Remistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephralis (1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

V. S. No. 1

			OF MARYLAND	-CERTIFICATE OF DEATH	2722
3	L PLACE O	(0) =	. 0	(I3I)	
	County		A.	Registration Dist. No. 75	
	Village Dr (ND. St., (If death occurred in a horpital or institution, give its NAME instead of street and n	
	Length of res	idence in city or town where	e death occurredyrs	nos. How long in U.S. If of foreign birth?yrsmo	sds.
2	2. FULL NA		ull H	luce	
	(a) Resider	ice: No	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1	hale	4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ISTEL 8 - (Month) (Day)	193 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ved, or divorced Phile	na g. Pierce	22./ I HEREBY CERTIFY, That I attended of	deceased from
6. 1	DATE OF BIRTH	(month, day, and year)	Dec 22 - 1869	7 1 last sew h. / alive on	death is said
7. /	AGE Yes		Deys If LESS than	to have occurred on the date stated above, at. 7 - 7 - m.	
	6	6 3	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
ON	kind of v	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	2 above	Comment Migrolladeles	1922
PAT	9. Industry or	business in which	• Kerindali - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	Chance Offels and	1-9-2-2
OCCUPATION		s done, as StLK MILL, L, BANK, etced last worked et	11 Tabel bins (Music Hestisates	SEP-193
ŏ	this occu year)	pation (month, and	11. Total time (years) spent in this occupation 193	3	
12	BIRTHPLACE (ci	tuar town)		Other Coutributory Causes of Importence:	
	(State or cou		Md.		
HEK	13. NAME	Jabon V	. Pure		
2	14. BIRTHPLACE (State or	(city or town)	Pho po	Neme of operation Dete of Dete of What test confirmed diegnosis? Was there an au	l'aney?
	15. MAIDEN NA	ME Catho	ound Shank	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:	
MOINER	16. BIRTHPLACE		<i>b</i>	Accident, suicide, or homicide? Date of Injury	, 19
	INFORMANT	Thos !	Itala ,	Where did injury occur? (Specify city or town, county and State, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	CE.
8.	(Address) BURIAL, CREMAT	LON, OR REMOVAL	sing Slen M		
	Place 1	flasan	1 Dated and 1/ 198	Manner of injury	
19.	UNDERTAKER	L. G. J.y.	son	24. Was disease or injury In any way releted to occupetion of deceased?	910
	1800	11- 24	y sun!	(Signed) - Jyman	21.0
20.	FILED	e minu	willow Registrar.	(Address) Pot Le Bont To	J.J.
e.	esuird	apr 10-19	hlank are needed, address State Registr	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilopsy	
Chronic interstitial nephritis	1915	Run over by street car	1 week ago
	1921	Kun over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Cece O	Registration Dist. No.
Village or City alora Zu,	No. St. Ward
Length of residence in city op-town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
1826,77	As. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	4
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Yéer)
(or) HIPE of Mary have level.	22. I HEREBY CERTIFY. That I attended deceased from
Man 11/1	19.3 40 0 19.34
6. DATE OF BIRTH (month, day, and year) 1004 1860 7. AGE Years Months Days If LESS then	I last saw h. M. Dive on
7.2 11 13 1 dey,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
Trede, profession, or perticular	were as tollows: Oate of onset
kind of work done, es SPINNER, A A COTETA	Sidland A black bay
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation founds and	19.32
SAW MILL, BANK, etc.	1
10. Date decessed lest worked at this occupetion month and figure 11. Total time (yeers) spent in this occupation.	
12. BIRTHPLACE (city or town Rock Springs	Other Contributory Causes of Importance:
(Stete or country)	La
13. NAME/ Senfamin (Frence)	Cific
14. BIRTHPLACE (city offown) runhinown	Neme of operation Rose Date of 1
(State or country) Cleg Co. 1114	What test confirmed diegnosis? Francuscus Mass there en eutopsy? As
15. MAIDEN NAME WILLY Cruspalants	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) ambrown	Accident, suicide, or homicide?Oete of injury
(State or country) telil co. hid,	Where did injury occur?
17. INFORMANT Marff & Tull (Address) Colora, Mid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury 200 augeers
- Wes estudy 1934	Neture of injury 0
19. UNDERTAKER LOUIL Billian	24. Wes disease or injury in-any wey releted to occupetion of deceased? Nove
(Address), (formfirell) to Mill of	If so, specify
20. FILEO 4/30 1934 Le 7 Janders	(Signed) Trues onlared a. M.D.
Registrar.	(Address) Jakotale Tross Med)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1	1	-1	1	1	14	
(1	0	0	U	1	

1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 92
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
SP B	0
2. FULL NAME Cerron /Cl	
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH afrif 19- 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) July / 9 3 7. AGE Yeers Month's Oays If LESS than I day,hrs.	22. I HEREBY CERTIFY That attended deceased from 1 last sew h
4 7 0rmin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Lobu Premonia. ?
year) Occupation Occupation	Other Contributory Canses of importance:
12, BIRTHPLACE (city or town) (Stafe or country)	
I 13. NAME I Case Reed	
13. NAME 14. BIRTHPL (CE (city or town) Chapter (City or town) Chap	Name of operation Date of Date of Whef test confirmed diegnosis? Was fhere en au'opsy?
15. MAIOEN NAME Chel Bradly 16. BIRTHPLACE (city or town) Foldsbyro (State or country)	23. If death was due fo exfernal ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Muse Extra Region 2	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Slargow Oal Oate May 1, 1934	Manner of Injury
19. UNOERTAKER It. With the spine (Address) election and	24. Wes diseese or injury in any way related to occupation of deceesed? If so, specify
20. FILED May 1 st. 1934 Baus Frager Registrar.	(Signed) Address) (Address) (Address)
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Day)

That I attended deceased from

Date of onset

19. WNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Pallimore, Requesting V. S. No. 1.

If so, specify.

24. Wes disease or injury in any way related to occupation of deceased?

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE O		JF MARYLAND—	CERTIFICATE OF DEATH	3736
	Czal		Registration Dist. No. 9	293
Village or (ity Ell M	celo	No. St.	Ward
,	,		death occurred in a hospital or institution, give its NAME instead of street and r	number)
	v,	death occurred yrsmos	ds. How long In U.S. if of foraign birth?yrsmc	osds
2. FULL NA		17.110993		
(a) Residen	ce: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX	4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 (Month) (Day)	, 193
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	cof grayen C. Riggs	22. I HEREBY CERTIFY. That I attended of their 25 1934 to april 26	
S DATE OF RIPTH	(month, day, and year)	1906	Heet cam h 0 4 caling on Ola 1 1 36 10 36	
7. AGE Yas		Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	, 00000
8. Trade, profe	ssion, or particular _		were as follows:	Date of onset
SAWYER	ssion, or particular vork done, es SPINNER, BOOKKEEPER, etc.	Nouse work	Oulmonary Juberculosis	1932
9. Industry or work wa	business In which s done, as SILK MILL, L, BANK, etc			
10. Data deceas	ed last worked at pation (month and	11. Total time (yaars) spant in this occupation		
12. BIRTHPLACE (ci	ty or town) Tild		Other Contributory Causes of importance:	
(State or cou	Januar L	Tamuoud		
	James J.	Do .		
14. BIRTHPLACE			Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NA	ME Dusir (omdere	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE	(city or town)	10	Accident, suicide, or homicida? Date of injury	
E (State or	country)	D	Whera did Injury occur? (Specify city or town, county and State	
17. INFORMANT(Address)	Troy son	Tings	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMA	SON, OR REMOVAL	est alid 30 m	Mannar of Injury	
riace/_	010	, 197-17	Nature of Injury	
19. UNDERTAKER _(Address)		we and Nel	24. Was disaase or injury in any way ralated to occupation of deceasad?	no-
20, FILEDUJM	90 1934	traus Frager	(Signed) Tallace my huson	M. I
		Registrar.	(Address) accomplete	

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1915		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0373
1. PLACE OF DEATH	
County Cui	Registration Dist. No.
Village or City G & Q Q A	No. Uma Assorbas St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2 Fills Maner Cold in the State of Stat	Tion long in 0.0. It of tolergn with:
2. FULL NAME SUCCESSION OF THE	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Horence Stewars	1 HEREBY CERTIFY Thet I attended deceased from
6. DATE OF BIRTH (month, dev. and year) Safe // /880	lest sew h. elive on order 2 1934 death is said
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date steted ebova, et
53 7 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importance
2 Trade profession or particular	were es follows:
kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Clause soul & Mt Jout: W. 4/2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at the property of this occupation (month end) 11. Total time (years) enant in this case.	prot the to History Curgo.
SAW MILL, BANK, etc	Chronic Merstel & Club
o this occupation (month end 1934 spent in this 20 occupation coupation	Awestion: not stated.
12. BIRTHPLACE (city or town) Philadelphia (State or country)	Other Contributory Causes of Importanca:
I PP	Carlo and a proper
(Stete or country)	Name of operation Structure 194 Parts of Up 1 Date of Up 1 Col
15. MAIDEN NAME Ellen Jane Ritter	What test confirmed diagnosis?
15. MAIDEN NAME Ellen Jane Ritter 16. BIRTHPLACE (city or town) Manchen (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Mis Florence Stewart (Address) Elkton mi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Election and Date The 2/, 19 34	Nature of injury
19. UNDERTAKER Hilliam Prince (Address) Elkton Ind	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED Whil 26, 19 34 & Brauss Dronger Registrar.	(Signed) (Address) M. D. (Address) Will East had
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

7. S. No. 1

BINDING

FOR

RGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE C	OF	DEATH	0373
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1. PL	ACE OF DEA	ATH			93-0)	
Co	ounty <u>Cecil</u>				Registration Dist. No. 96	
				ation Faci	lityo. Perry Point, Md. St., death occurred in a horpital or institution, give its NAME instead of street and 18ds. How long in U.S. if of foralgn birth? yrs. m	number)
2. FU	LI NAME	TOWNSEND.	Ernestw	eaver C-7	38 660	
				, Va a of abode)		State
Barrier Commence	ERSONAL AI				MEDICAL CERTIFICATE OF DEATH	ACCOUNTS SOURCE
	ale	OR OR RACE White	OR DIVORCE	RIED, WIDOWED, O (write the word) ingle	21. DATE OF DEATH April 20 (Month) (Day)	, 193 4 (Year)
5a. II mari HUSE (or)	ried, widowad, or div BAND of WIFE of	vorced Single			22. HEREBY CERTIFY. That I attended April 2 ,19 34, to April 20	
6. DATE C	OF BIRTH (month, d	ay, end yaar)	March 9	1889	Hast saw h im elive on April 20 19 34	
7. AGE	Years 45	Months 1	Days	If LESS than I dey,hrs. ormin.	to heve occurrad on tha date statad above, at 6 : 30 Am. The PRINCIPAL CAUSE OF DEATH and raiatad causes of importanca wara as follows:	Date of onset
CUPATION X	dustry or business: work was dona, es SAW MILL, BANK, ate deceased lest w	in as SPINNESHIL EPER, atc. Phil in which Passilk MILLCler , etc. orkad at	k - Adams	r Works Ph	0.	1909
12. BIRTH	PLACE (city or town tate or country)	white	Post, Va	a.•	on Other Cambribatory Causes of importance: (95) Myocarditis, acute dilatation	4-15-34
13, N	AME RE	ev. Sylvan	lus Townse	end	,	
L.	RTHPLACE (city or (State or country)				Name of operation NORC Date of What tast confirmed diagnosis? Clinical Was there are	
15. M	AIDEN NAME	Margaret			23. Il death was due to axternal causes (VIOLENCE) fill in also the following	g:
15. M	RTHPLACE (city or to (State or country)		Post, Va	A •	Accident, suicida, or homicide? Date of Injury Whera did Injury occur? No injury	
	MANT HOSE		ords		(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) ACE.
	L. GREMATION, OR	REMOVAL		oril 21, 34	Mannar of Injury ————————————————————————————————————	
19. UNDER	RTAKER PORMI	ngton & S	ce, Md.	-	24. Was disease or Injury In any way related to occupation of deceased?	No
20. FILED	ife. 20	, 1934 Cles	uhall.	Mocreso.	(Signed) D. CAMPBRIL, A D. Manager. (Address) Perry Polat, Md.	M, D,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 doys ogo
gu REAU Y. S			
The second secon	, a (1971)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
		•	1

	A	4	
	7160c.		
	570		

V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH BENEAU.
1. PLACE OF PEATH	03740
County letter	Registration Dist. No. 96
Village or City Lerry rolle J. F. h.	No. St Ward
Length of residence in city or lown where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Trans Warrew Jas	islow
(a) Residence: No. Lengues, Man	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male white Pengle (refrice the word)	april - 1 - 193 4
5a. If married, widowed, or divorced HUSBAND of	(Fonth) (Day) (Year)
(or) WIFE of	December 1953 to March 31 19 34
6. DATE OF BIRTH (month, day, and year) Murch 25	I last saw h win alive on March 31, 19 3 & death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
3. 0 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or portionles	Date of open
kind of work done, as SPINNER, SAWYER, 800KKEEPER, etc. 9. yndustry or business in which	Tulmonony Tuberculous 191933
Work was done, as SILK MILL, SAW MILL, BANK, etc	Tulonalar Poritorità 12/133
10. Date deceased last worked at 11. Total time (years)	The miner Julionius /1933
this occupation (month and spent in this occupation	Other Contributes Contributes
12. BIRTHPLACE (city or town levy ville for	Other Contributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town) Fredericksburg.	
4 14. BIRTHPLACE (city or town) Treatments but (State or country).	Namo of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
H Flank william	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Frank Truston	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Perryale, Ma (1740)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Lifer 1934	Nature of Injury
19. UNDERTAKER ISA. Calleraory	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Jerrynlee, Mgd.	If so, specify
20. FILED # - D , 1634 Lo T Sanders	(Signed) M.D.
Registrar.	(Address) Sort Definite Mag

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year